

**Health Summit '99**

**Think**  
*about*  
**Health**

*Final* **April 1999**  
**Report and  
Recommendations**



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**Health Summit '99**

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April 15, 1999

Honourable Halvar Jonson  
Minister of Health  
#228, 10800 - 97 Avenue  
Edmonton, Alberta  
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Dear Honourable Minister:

I am pleased to present to you, and through you to the Steering Committee and the Government of Alberta, a Final Report based on the public input process -- Health Summit '99.

The mandate of the Summit was to seek input on four key health questions and provide advice and recommendations on important directions for the future of Alberta's health system. This report is a compilation of the input from individuals and stakeholder representatives who participated in or contributed to the process. It also presents an analysis of the key themes which emerged and highlights core recommendations.

I am available to discuss the Health Summit '99 Final Report with you, your staff, or anyone you feel would be appropriate, in order to set in motion the recommendations from this public input process.

Yours very truly,

**Harley Johnson**  
Chair

Enclosure

## Comments from the Chair

I am always impressed by the public desire to do what is right and not just what is expedient. This was once again clearly demonstrated by the stakeholders and by the randomly selected public participants at Health Summit '99. They gave a superior effort in trying to answer the four key questions - what is essential, what changes are required, what responsibility do individuals have, and what level of funding is enough. It is obvious that people in this province know what they want and what they do not want - and they said so.

"We want a publicly funded and publicly administered comprehensive health care system and we want it there when we need it." "We understand we can't have everything but whatever is deemed essential, we want it available for all." "We want to know what's going on and we want to be involved in providing input to the system." "We want a team approach." "We want the system to be cost effective and the decisions made should be based on what works and what does not."

The participants knew very well that the health care system is complex. What they may not have known, and many said they learned, is just how complex it is and that there must be some tough decisions made in order to make the system sustainable and available to future generations. And it is not just money that is needed to address the issues.

The Summit participants understood that demands and expectations for services are increasing but that this alone cannot drive the system - real changes are required to the way services are supplied particularly in the fields of primary care (first contact with the health system) and long-term care. Failure to make those changes, it was felt, would cause serious problems. The system could collapse under the sheer weight of itself. Or the service delivery system could take on a different focus - a focus that was seen to be unacceptable - resulting in a two tiered system that is contrary to our cultural acceptance of the general principles of medicare 'as we know it.'

In outlining the values and principles, the participants provided a template of sorts - a guide to assist decision making in this province as it relates to health care. In my view, this is the single most significant recommendation contained in this report. In fact, the other recommendations take into account these values and principles and certainly guided the discussions at the Summit itself.

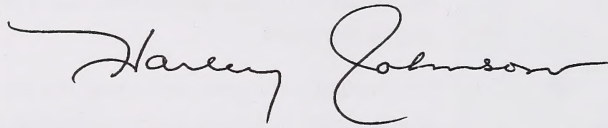
This has been the most sensitive and challenging public input process I have been involved in - completely understandable given that it is the most pressing issue on the provincial and national agenda, and has been for some time. Yet it has also been the most satisfying. Key, of course, will be what will be done with the report. Assurances have been given that it will not be placed on the shelf to gather dust. Assurances have been given that the content of the discussions and the public input process will be listened to and acted upon.



Nothing in this report is new. What is different is that there is now a clear voice emanating from a single process from a significant number of stakeholders and the public on how we want our health system to act - and it is our collective view that we want it to act for us and our families, now and in the future, if and when we need it. What have been described as turf wars or self-interest arguments are not what we want - in fact, they are unacceptable.

I wish to thank each and every person who took to time to answer the questionnaire and provide comments. To the stakeholders and public participants, thank you for your directness and the 'healthy skepticism' you provided throughout the process. I also had the very good fortune to work with the most competent speakers, moderators, facilitators and secretariat staff.

The content of this report is the result of teamwork, forthright communications and hard work. As such, I am confident that this will be viewed as a significant step in shaping government policy in the field of health care - part of the ongoing dialogue in which everyone's view has merit but the collective voice is given its due.



***Harley Johnson, Chair***  
Health Summit '99



## Executive Summary

### **A focus on four questions launches Health Summit '99**

In December 1998, Minister of Health Halvar Jonson announced Health Summit '99 and launched a process for seeking input on four key questions:

- *What is essential in Alberta's health system?*
- *What changes should be made in how health services are delivered and managed?*
- *What responsibility do individuals have for their own health?*
- *How much money is enough to sustain our publicly funded health system?*

Two hundred participants were invited to Calgary on February 25 - 27, 1999 to discuss and debate those four questions and to provide advice and recommendations on important directions for the future of Alberta's health system. Summit participants represented a wide range of people directly involved or working in the health system combined with an equal number of randomly selected people chosen from across the province.

Prior to the Summit itself, a considerable amount of background work was done. A workbook provided information to participants as well as to people throughout the province who were interested in taking part. A questionnaire was included in the workbook and over 1,340 people responded. Several mini-summits were arranged by MLAs. Organizations and individuals submitted letters and briefs. Public opinion research on a number of related topics was conducted by Environics Research Group at the request of the provincial government. This information was made available to the participants at the Summit and all of it has helped shape this Summit Final Report.

### **The Summit ... People tackle the tough issues**

The Summit itself proved to be an intense and challenging few days. The issues are difficult and complex with no easy solutions. Many participants commented that they learned how difficult the issues are in health and the complexity of moving forward in one direction or another.

From the outset, Chair Harley Johnson encouraged participants to challenge each other, challenge the views put forward by experts, and express their own thoughts and ideas. Although the focus was on four questions, no issues were excluded from discussion and every effort was made to discuss all the issues raised. Participants were asked to put whatever ideas and questions they had on the table for discussion. They worked hard to explore the issues and options, understand the views of others, and search for workable solutions.

A series of speakers and presentations sparked debate and discussion. But the most important discussions took place in group sessions where participants tackled the issues head on and developed a series of recommendations.

This Final Report summarizes those discussions. Every attempt has been made to capture the scope of the ideas presented, to reflect accurately the range of recommendations presented, as well as to draw out a number of common themes



that emerged from the discussions.

In addition to this report, a background report has been prepared containing the specific recommendations of each of the groups of delegates at the Summit. A report summarizing the views of those who submitted responses to the Summit questionnaire also has been prepared by the Population Research Laboratory at the University of Alberta. Copies of both of those background reports are available on request.

## Common themes emerged

While the range of recommendations developed by participants in small group discussions is extensive, a number of common themes emerged throughout those discussions. Those themes and overall recommendations from Health Summit '99 are as follows.

### 1. **People know what they want from the health system.**

*The health system should reflect the following basic values and principles:*

**Access** - All Albertans should have equal access to health care when they need it.

**Accountable** - The health system should be accountable at all levels for the outcomes achieved.

**Affordable and sustainable** - Those in the health system should make the best and most efficient use of health care dollars.

**Adequately funded** - There should be sufficient resources to support a comprehensive health care system.

**Publicly funded and publicly administered** - The health system should continue to be publicly funded and publicly administered.

**Consistent with the Canada Health Act** - The principles of the Canada Health Act should be retained.

**Standards** - High standards should be set to guide decisions about quality of care and ethics and integrity.

**Information** - People should have access to information so they can make responsible decisions about their own health. Information should be used to guide decisions in the health system.

**Choices** - Patients should be able to choose the provider they want and also be able to make choices between traditional and non-traditional approaches to health. Some of these choices would be available in the publicly funded system and others would not.



**Cooperation** - There should be shared decision making among users and providers in the health system. Community members should be involved in decisions.

**Teamwork** - Health providers should work together and with others outside the health system with a focus on serving patients.

**Balance** - There should be a balance of responsibility between individuals and the health system and a balance between treatment of illness and injury and promotion of wellness.

**Adaptable** - The health system should be able to adapt to changing health needs and circumstances.

**Coordinated** - All aspects of the health system should work together without gaps in service. There should be more coordination with areas outside the health system, e.g. education, social services, policing, social agencies, etc.

**Recommendation 1:**

Government should adopt these values and principles as a guide for future decisions.

**2. People want a comprehensive, publicly funded, publicly administered health system that is flexible and meets changing health needs.**

**Recommendation 2:**

Government should continue to support a comprehensive publicly funded and publicly administered health care system.

**Recommendation 3:**

Government should explore options for managing the growing costs of pharmaceuticals including the feasibility of expanding public coverage for pharmaceuticals.

**3. It is time for a clear plan for the future of Alberta's health system.**

**Recommendation 4:**

Government should establish a forum for health planning to develop a long term plan for Alberta's health system.

**Recommendation 5:**

The forum should include an ongoing process for significant involvement of people across the province, people in the health system and community members.



**Recommendation 6:**

Once the plan is developed, significant efforts should be made to communicate the plan and ensure that people are well informed about the plan and the direction for Alberta's health system.

**4. There are priority areas where changes can and should be made.****Teamwork****Recommendation 7:**

Government should establish a task force to review education and training programs for health care providers to develop better links among the programs, build greater awareness and understanding of the roles of other health providers, and develop teamwork skills among health providers.

**Recommendation 8:**

Governments should explore alternative ways of paying health providers, including physicians.

**Recommendation 9:**

Working with health care professionals and providers, steps should be taken to remove barriers between the different groups and encourage more cooperation.

**Primary health care and community health centres****Recommendation 10:**

Government should target innovation funds to expand pilot projects in primary health care models and community health centres across the province.

**Information and evidence****Recommendation 11:**

Government should speed up its efforts to implement a province-wide health information network, currently being developed as **alberta we/net**.

**Recommendation 12:**

One of the purposes of the health information network should be to improve access by individuals to accurate health information.

**Recommendation 13:**

Government should continue to support research and evaluation of new approaches and use the information and evidence from that research to guide future decisions about what works and what does not.



## **A better balance**

### **Recommendation 14:**

Government should place a higher priority on province-wide strategies designed to promote good health and prevent illness and injury.

### **Recommendation 15:**

Specific strategies should be developed to address health issues for targeted groups including children, Aboriginal people, people with mental health problems, and groups who are more vulnerable to health problems.

## **Planning for long term care**

### **Recommendation 16:**

Government should act quickly to complete the work of the MLA Committee reviewing long term care and address the needs identified.

### **Recommendation 17:**

Government should encourage regional health authorities to explore and implement new and more flexible approaches for meeting the needs of elderly people including care centres, day homes and respite care in communities.

## **The right people doing the right work**

### **Recommendation 18:**

Government should work with health professionals and providers, regional health authorities, and post-secondary institutions to develop sound workforce plans to ensure that there is an adequate supply of health professionals and to anticipate and prepare for future needs in the health system.

## **Improving access**

### **Recommendation 19:**

Government should move ahead with initiatives in telehealth to improve access to health services for people living in rural and more remote communities.

### **Recommendation 20:**

Government should work with regional health authorities and health professionals to set reasonable standards for access.

### **Recommendation 21:**

Government, regional health authorities and health professionals should work together to inform people about standards and expectations for access to health services.

## **Accountability**

### **Recommendation 22:**

Government should use the best available evidence to set standards and targets for key aspects of the health system. Performance and results should be measured regularly and people should be well informed about the results.

**Recommendation 23:**

Government and regional health authorities should place greater emphasis on using information and evidence to monitor, evaluate and improve health services.

**Recommendation 24:**

Government should introduce policies that require a clear demonstration of health care benefits before any new treatments, drugs and technology are introduced.

**5. Health is a shared responsibility.****Recommendation 25:**

Access to health care must be equally available to everyone. People should not be punished as a result of their individual lifestyle choices.

**Recommendation 26:**

Government should continuously review its policies on children, on education, social services, environment, justice, and other key areas to assess their impact on the long term health of people in the province and make changes wherever possible to improve health.

**6. We need to find ways to sustain Alberta's health care system.****Recommendation 27:**

Government should proceed first with developing a long term plan for the future of Alberta's health system, then address funding requirements to ensure the system is sustainable.

**Recommendation 28:**

Government should ensure that there is sufficient funding available to support and sustain a comprehensive publicly funded health system. Funding for health should not be at the expense of other priority areas including education, social services, and infrastructure.

**7. The public should have effective ways of participating in future decisions.****Recommendation 29:**

Government should consider extending the public consultation process on a regular basis to involve more people in discussions about the health system and its future. This could be done through the recommended forum on health planning.



**Recommendation 30:**

Government should significantly expand its efforts to inform people about the health system, how it works and how much it costs.

***In summary ...***

Health Summit '99 brought together a number of people with diverse views and experiences to discuss an issue that is vitally important to this province - the future direction of Alberta's health system. The issues are difficult ones, and no easy answers emerged from the Summit.

At the same time, the themes and recommendations give a clear signal to government. People know what they want from the health system, they view it as vitally important, and there are changes they think can and should be made. Moreover, they want to know where the health system is headed and what we are trying to achieve with this large and complex system. Once a plan is in place, then careful consideration should be given to how the system can be sustained in the long term.

## **Preparing for Health Summit '99**

Health Summit '99 was launched in December 1998. Harley Johnson was chosen to chair the Summit process, the dates of February 25 - 27, 1999 were announced, an organizing team was put together and work began in earnest to prepare for the Summit's success.

The purpose of the Summit was to provide an opportunity for people to think about four key questions in health, to suggest new approaches, and to set the stage for new directions in Alberta's health system. It brought together a cross-section of people including members of the general public, people working directly in the health system, and representatives of a number of different organizations.

The following describes the key features of the process for Health Summit '99.

### **Preparing a workbook and questionnaire**

To help inform the discussions, explain the key questions and provide a starting point for the Summit, a workbook was prepared. Copies of the workbook were distributed to all participants in the Summit and made available to anyone else who was interested. The workbook also was available on a website set up for Health Summit '99.

The workbook contained an extensive questionnaire inviting people to respond to the four key questions and express their views. The Population Research Laboratory at the University of Alberta consulted on the design of the questionnaire and compiled the results. In total, 1341 people responded to the questionnaire. Highlights of their responses are included in this report and a full report of the results is available on request.

### **Inviting participants**

The health system is broad and diverse and there are literally hundreds of individuals, groups and organizations that play an important role in Alberta's health system. The general public also is keenly interested in health, it is an important priority for them, and many want to participate in discussions about future directions for health.

Choosing 200 delegates from this vast array of potential participants required a careful balance. Half of the participants were chosen to represent health providers and people who work directly in the health system, in addition to various organizations either directly or indirectly involved in health. Balancing this was an equal number of people representing the general public. These people were selected randomly through a process set up by the Population Research Laboratory at the University of Alberta. The process involved selection of a stratified sample of people over the age of 18, selected to represent equal numbers of men and women, as well as an age and geographic distribution representative of the province. Households were contacted using a random telephone digit dialing technique. A





standard interview was used to determine whether any adult in the household was interested and able to attend Health Summit '99.

A list of the participants at Health Summit '99 is included in Appendix 1.

### ***Facilitating the process***

Another critical success factor was ensuring that the process for discussions at the Summit was well organized, with the help of facilitators and moderators who could keep the discussions on track and make sure that the views expressed by participants were captured.

Health Summit '99 was guided by a team of moderators and facilitators chosen because of their prior experience and expertise in discussions like these. A list of moderators and facilitators also is included in Appendix 1.

### ***The Summit takes place***

The actual Summit provided a lively mix of stimulating speakers, intensive group sessions, informal conversations, and even some lighter moments.

Participants exchanged ideas, debated alternatives, listened and learned, forged their own directions, and struggled through many hours of intense discussions. The Summit was fully-packed with information and interactions, and the vast majority of those who provided an evaluation, indicated that it was a very successful and worthwhile experience.

### ***Preparing the final report***

Summarizing the wide range of views expressed at the Summit and through the public responses to the questionnaire is not an easy task. Every effort has been made to capture both the range of specific ideas suggested as well as the common themes that emerged.

This report provides only the highlights of what happened at Health Summit '99. All the input from the various groups was recorded and a complete summary of the ideas and recommendations from each of the groups is provided in a background report available on request. The summaries were distributed at the Summit and also are available on the website.

Work on summarizing the key themes and highlighting core recommendations was done under the direction of the Chair.

## Setting the context for discussions at Health Summit '99

### Speakers set the stage for lively debate

*Invited speakers were asked to stimulate thought and spark discussion of the key questions at the heart of Health Summit '99. They certainly met the test.*

Two key elements helped set the stage for discussions at Health Summit '99 - a group of stimulating speakers and the results of public opinion research results conducted by Environics Research Group.

Health Minister Halvar Jonson welcomed participants to the Summit. He acknowledged that Alberta's health system has seen many changes over the past five years. "While many of those changes have worked well and will ensure a solid foundation for a quality publicly funded health system in the future, not everything has gone smoothly." The result is a system that is under pressure. He indicated that, once again, it is time to step back and say, "where do we go from here?" In approaching the four questions for the Summit, Mr. Jonson encouraged participants to approach the discussions with optimism and confidence and not to be reluctant to recommend change.

*"No amount of money will be adequate if we do not have a health system that is structured to deal with the changing needs in an era of an aging population, an era of new and often expensive medical treatments, technologies and drugs, and in an era of greatly increasing expectations." Halvar Jonson, Minister of Health*

The Summit's keynote speaker, Dr. Tom Noseworthy, launched the Summit with a far-reaching and provocative talk on three key areas: health and well being, health care and medicare, and Alberta-specific thoughts and issues. He encouraged participants to examine the changing patterns of illness and disease, the rise of injuries and chronic diseases, and the need for targeted strategies for children, communities and vulnerable populations. He challenged participants to search for ways of preserving medicare and Canada's publicly funded, publicly administered health system, rather than sliding into more privately funded health care services. He suggested that we seem to have lost sight of the fact that health care is information-intensive and requires information sharing, and encouraged support for more work on health information systems both in Alberta and across Canada. He questioned attempts to define what is medically necessary and instead, encouraged a debate on what comprehensiveness means. Finally, on financial issues, Dr. Noseworthy worried that, with additional money, we run the risk of returning to the incremental days that got us into trouble in the early '90s and the possibility of using all the additional money to fund salary increases and the current ways of doing things in health.

*"You can't help but think as you work day-in and day-out that you are far down-river, pulling victims out, as you look upstream and see them falling and being pushed in, simply doing nothing about it. So many examples in our health care delivery system are taken up with downstream extrication of victims, when with much less money, much less energy and a directed, focused, proven strategy, we could be reducing the need for downstream intervention with intelligent programs and upstream interventions." Dr. Tom Noseworthy*





A panel of two speakers, Dr. Dennis Kendel and Dennis Gartner, followed up with perspectives on the changing roles of health professionals. Dr. Kendel talked about the difficulties in changing the way health professionals work together and the ingrained perspectives many of them bring as a result of their training, education and expectations as independent professionals. He talked about how the diverse views and values of medical students become homogenized through years of study with a strong focus on the bio-medical model of health and disease. Mr. Gartner provided an overview of current work in Alberta on preparing comprehensive legislation and policy covering health professionals.

*"The entrepreneurial competitive nature of traditional medical practice is not consistent with the goal of full health service integration. Much of the very troublesome professional territorialism we witness today is due to this misalignment between the outcomes we desire and the professional behavior we incentivize. If we wish to establish and truly foster effective interdisciplinary practice models we need to selectively reward health professionals for working as collaborators rather than as 'lone rangers'." Dr. Dennis Kendel*

Dr. John Millar addressed the question of personal responsibility for health. He talked about a range of factors that affect health including lifestyle choices, social and economic environment, the physical environment, and the health care system. While it is reasonable to expect individuals to have some responsibility to protect and preserve their own health, Dr. Millar suggested that this idea should not be extended to "blaming the victim." He concluded that the preservation and protection of health clearly is a shared responsibility involving individuals, communities, various levels of government, and other sectors.

*"Such a person, acting responsibly, would reasonably not smoke, not abuse alcohol and other drugs, exercise vigorously for at least 30 minutes five times a week, eliminate saturated fats from their diet, keep their weight within the ideal range, have no unprotected sexual contact, stay out of the sun and visit their health care provider at appropriate intervals for preventive care. They would have meaningful work and not participate in any high risk activities like highway driving, skiing, bungee jumping or rock climbing. Perhaps even more importantly, they would get a university degree, have a regular high income, good housing, supportive friends and family and a minimum of stress. How many of you out there are able to achieve this or even want to? It is unlikely we will see a society where this is a universal pattern - and there may be widespread premature death from boredom if we did." Dr. John S. Millar*

Dr. Paul Boothe tackled the question of whether health care can be affordable. In terms of whether or not spending on health is out of control, Dr. Boothe addressed three possible sources for the current pressures in health - a sick population, an aging population or government cuts. His research suggested that none of those three sources was the primary reason for the current pressures. Instead, pressures in

health are due to an explosion in demand for health care. The number of complex, expensive procedures is growing faster than can be explained by population growth or aging, and the result is waiting lists. Improved technology means we can do more, better health means we can benefit more from treatments, and changing expectations mean that we want more. Looking ahead, projections show that spending on health care could grow from just over 30% of total provincial spending on programs to closer to 40% in the next four years. He urged people to try to reach a consensus on two key questions: what share of provincial spending should go to health and how should health resources best be spent.

### ***A snapshot of public opinion on health***

Michael Heffring presented the results of public opinion research conducted by the Environics Research Group. This provided participants with another perspective on the views of the general public on a wide range of health issues.

The research confirmed that health care is the top provincial issue of concern. The most common concerns are related to costs and efficiency, accessibility, adequate resources and facilities, staffing and shortages of health care providers, and quality of care. Two thirds of those surveyed had used the health care system in the past year and rated their health services as excellent or good, but they also remarked on stories they heard where experiences were not as positive. In terms of priorities for improving the quality of health care, most people pointed to:

- reducing waiting lists
- increasing beds in hospitals
- hiring more professionals
- putting more focus on promotion and prevention
- providing more long term care
- providing more home care
- giving professionals higher wages
- funding alternative therapies.

People generally underestimated how much is spent on health and the majority said that spending on health should be increased. At the same time, they said it is not just about spending more money, but also about spending the money better.

Most respondents rated their health as excellent or good and rated exercising more and having a healthy balanced diet as the top two ways to improve their own health. In terms of attitudes on how people manage their own health, the research pointed to four perspectives:

- The fatalists - those who believe there is not much they can do about their own health.
- The naturalists - those who believe they can take care of themselves.
- The vulnerables - those who believe they are at risk for illness.
- The traditionalists - those who believe the doctor knows best.



The survey also asked participants what various groups should be doing to maintain and improve the quality of health care in Alberta. Both the federal and provincial governments were expected to increase funding for health. The provincial government was also called on to take steps to keep doctors and nurses in the province and to seek the input of doctors, nurses, regional health authorities and the public in decisions about health care. Regional health authorities were expected to run the system efficiently with no waste. Employers were expected to provide better health care benefits. Health worker unions were urged to focus less on money and more on ensuring the happiness of employees. Doctors were expected to spend more time with their patients and to focus more on people not money. Nurses were expected to provide quality care to patients and keep current with their profession. Physiotherapists and chiropractors were encouraged to bring down their fees and ensure that access is available to all, while pharmacies and health clinics were encouraged to lower their prices and dispensing fees and invest more money in research and development.

Survey participants put a very high rating on the importance of health providers working together and expressed concerns that they sometimes appear to be working at cross purposes. When asked how well they are working together now, most said "fairly well" or "poorly".

## Tackling the four key questions

Four key questions were the focus of Health Summit '99. The following provides an overview of the issues, highlights of the views and recommendations of the participants at Health Summit '99, and a summary of views expressed through the questionnaire.

### Question 1 - What is essential?

*What should be the essential components of Alberta's publicly funded health system in the future and what actions need to be taken to ensure those components are in place and affordable?*

#### What is the issue?

Today's health system provides a wide range of services. These include:

- services from doctors
- acute care services delivered in hospitals
- public health services to promote good health and prevent illness and injury
- community and continuing care
- mental health
- technical supports for people in the community
- ambulance services
- health and medical research programs
- health and medical education
- buildings including hospitals, clinics and long term care facilities
- equipment and information technology
- health care clinics, and
- administration and support.

Combined with that vast array of services there are pressures in the health system. These pressures come from a number of factors including:

- an increasing number of high cost, high tech services
- rapidly changing approaches to health treatments
- expensive new drugs and treatments
- the need for an adequate supply of reasonably paid health providers
- increasing costs for building maintenance and equipment
- major restructuring of the health system
- a growing and aging population
- high expectations.

As we look to the future of Alberta's health system, people need to decide what the essential components should be in the future and what can be done to ensure that those essential components are maintained and available.



## **What were the views of Health Summit '99 participants?**

Participants at the Health Summit began with a discussion about values - what do they want and expect in Alberta's health system and what values and principles should guide decisions about what is and what is not essential for the future.

While a range of views was expressed, there was broad and general consensus on the following values and principles.

**Access** - All Albertans should have equal access to health care when they need it.

**Accountable** - The health system should be accountable at all levels for the outcomes achieved.

**Affordable and sustainable** - Those in the health system should make the best and most efficient use of health care dollars.

**Adequately funded** - There should be sufficient resources to support a comprehensive health care system.

**Publicly funded and publicly administered** - The health system should continue to be publicly funded and publicly administered.

**Consistent with the Canada Health Act** - The principles of the Canada Health Act should be retained.

**Standards** - High standards should be set to guide decisions about quality of care and ethics and integrity.

**Information** - People should have access to information so they can make responsible decisions about their own health. Information should be used to guide decisions in the health system.

**Choices** - Patients should be able to choose the provider they want and also be able to make choices between traditional and non-traditional approaches to health. Some of these choices would be available in the publicly funded system and others would not.

**Cooperation** - There should be shared decision making among users and providers in the health system. Community members should be involved in decisions.

**Teamwork** - Health providers should work together and with others outside the health system with a focus on serving patients.

**Balance** - There should be a balance of responsibility between individuals and the health system and a balance between treatment of illness and promotion of wellness.

**Adaptable** - The health system should be able to adapt to changing health needs and circumstances.

**Coordinated** - All aspects of the health system should work together without gaps in service and there should be more coordination with areas outside the health system, e.g. education, social service, policing, social agencies, etc.

Participants then tackled the question of what is essential and what is not. They were asked to review the list of current components and to rank them in importance. The overall conclusion from many of the groups was that priorities can not be placed on essential components; all the components are important to different people at different times.

The overall conclusion supported by many of the groups was that people want a comprehensive publicly funded and publicly administered health system. They want a system that is flexible and able to adapt to changing health needs and circumstances. Suggestions were made that there should be a careful assessment of the benefits and impact on health of new treatments and services before they are added to the health system.

In addition to these overall conclusions, there were frequent mentions of components that people considered very important to Alberta's health system both now and in the future. The most common recommendations related to:

- Primary health care models and community health clinics - Many groups stressed the need to expand primary health care models where teams of professionals, including those outside the health care field, work together to address a patient's needs. They supported community clinics providing a range of prevention and promotion services and first contact with the health system.
- Acute care - People want to see equal access to acute care services delivered in hospitals. They want to ensure that comprehensive care is available for catastrophic illnesses and injuries, they want the proper expertise and support staff to be in place, and they want those services to be effective in treating illness and injury.
- Long term care - With an aging population, people see the need to plan and move forward on actions to address the need for more long term care. They talked about care that goes beyond hospitals and facilities and the need for exploring new options, including options where payments are shared with those who use the facilities.
- Prevention and promotion - People want to see more emphasis on prevention and promotion initiatives and early intervention. They want to see a better balance between health promotion and wellness and diagnosis and treatment of illness and injury.
- Mental health - There was strong support for expanding access to mental health services including specialized psychiatric beds and community clinics with outreach workers and community supports.
- Community services - Many groups supported the need for comprehensive community services including rehabilitation, pharmaceuticals, home care, and

*"There has to be more long-term care beds to keep older people near home. I'm getting older and I want to be close to my family and not sent hither and yon to some distant place where they can't see me." Questionnaire respondent*





devices to help maintain people's quality of life.

- **Information and evidence** - People called for more emphasis on evidence-based decision making and the need to define targets, set standards and measure performance. They called for monitoring and evaluation to assess the outcomes of interventions and new approaches, and improved accountability.
- **Insured services** - There were calls to consider expanding the existing list of insured services to include pharmaceuticals, complimentary care, dental and eye care, speech and language services.
- **Teamwork** - People called for more emphasis on multi-disciplinary teams with a more integrated approach to health care. They wanted to see a more collaborative system where people and health care agencies work together to provide integrated care focused on the patient's needs.

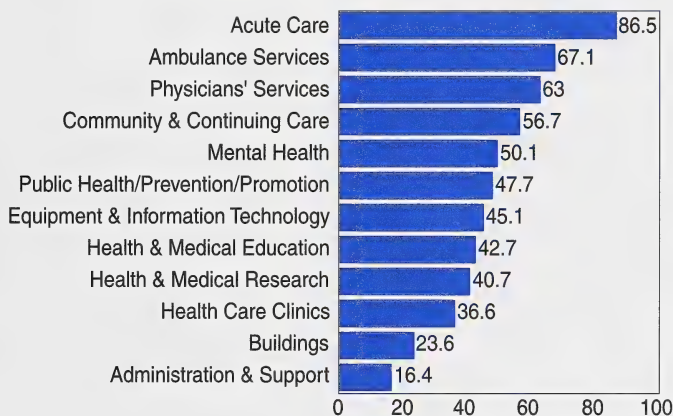
### **What views were expressed through the questionnaire?**

Those who responded to the questionnaire reviewed a list of current components and ranked them on a five point scale from "very essential" to "not at all essential."

The following chart shows the components which were most commonly rated as very essential.

## **What' Essential?**

% Rating Component as "Very Essential"



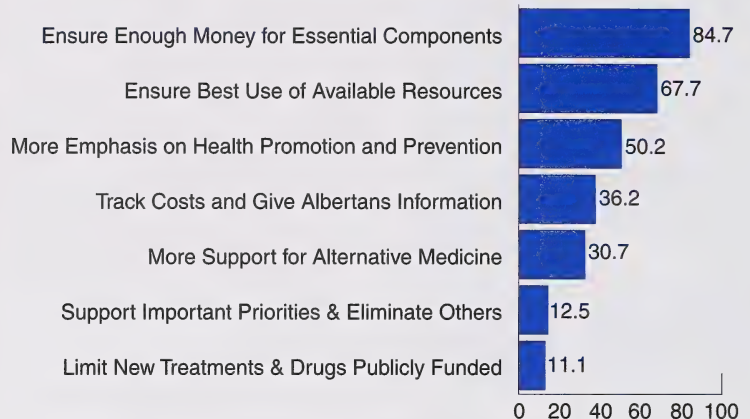
Health Summit '99 Public Opinion Mail Survey

Consistent with participants at Health Summit '99, acute care was rated as very essential and there was also strong support for community and continuing care, mental health, health promotion and prevention, and the need for equipment and information technology. Questionnaire respondents also rated ambulance services and physician services very highly. For more detailed results, see Table 1 in Appendix 2 on Page 44.

Questionnaire respondents also addressed the question of what actions can be taken to ensure that the essential components are maintained and affordable. A summary of their responses is provided in the following chart.

## What Actions Can Be Taken?

% Who "Strongly Agree"



Health Summit '99 Public Opinion Mail Survey

*"Support medicare and universal health care coverage. Do not support private, for profit health care system which costs citizens more, provides 'spotty' service and results in many citizens being unable to access adequate health care due to prohibitive costs."*

*Questionnaire respondent*

*"Give Albertans a choice of public or private health care."*

*Questionnaire respondent*

Almost 85% of respondents strongly agreed with the need to make sure there is enough money available to support the essential components. Almost 68% strongly agreed with ensuring that people and health providers make the best use of the resources available in the health system. Over 50% strongly agreed with putting more emphasis on health promotion and prevention of illness and injury. Over 36% strongly agreed with keeping track of how much each person's health services cost and giving them that information. Opinions were divided on the question of supporting only the most important priorities and eliminating others and also on putting limits on new treatments and drugs publicly funded in Alberta. While 12.5% strongly agreed with supporting only the most important priorities and eliminating others, 25.5% strongly disagreed with this suggestion. In terms of putting limits on new treatments and drugs, just over 11% strongly agreed with this suggestion, while 29.5% strongly disagreed. Detailed results on this question appear in Table 2 on page 45.

### Question 2 - What changes should be made?

*What changes are required to the way health services are delivered by health providers and managed by the health system to meet Albertans' changing health needs? How can those changes best be implemented?*

#### What is the issue?

In the past few years, many changes have been made in the way health care services are delivered and managed. Today, there are pressures in the system and many





people suggest that further changes are needed to address those pressures and build a more effective and integrated health system.

Some of the problems identified in today's health system include:

- A lack of integration and some gaps and barriers between services delivered in hospitals, in the community and in people's homes
- Health professionals focused on their own scope of practice rather than working together with others both inside and outside the health system to address people's health needs
- A lack of controls on the use of health resources, making it difficult to set standards and manage access to treatments
- The need for more accountability and a clearer understanding of who is responsible for what in the health system
- A continuing focus on traditional approaches and less emphasis on innovation
- A lack of good information and evidence to guide decisions.

### **What were the views of Health Summit '99 participants?**

Participants at Health Summit '99 offered a wide range of ideas and suggestions for where changes could and should be made. The overall message appeared to be that maintaining the status quo was not the preferred option. There are many good things happening today in Alberta's health system, but there also are opportunities to try different approaches and continue working to improve the delivery of health care services.

The most common recommendations were for:

- Exploring new ways of paying health care providers - Many groups suggested that we should look for new ways of paying health care providers. Much of the discussion focused on alternative ways of paying physicians so the emphasis was more on quality of care and less on quantity of care. Suggestions included paying physicians through the budgets of regional health authorities, increasing the amount of money paid per patient but limiting the number of patients that could be seen each day, and considering salaries and contracts.
- Implementing more community health centres and primary health care models - There was strong support for new models for care similar to the new Northeast Health Centre in Edmonton. These multi-disciplinary community centres should provide the first point of contact with the health system and include a full, integrated package of health care services. Participants suggested that more models such as this should be implemented on a pilot basis across the province.
- Teamwork - Many groups talked about the need for health professionals and providers to work more closely together. There were calls to remove barriers and disincentives for providers to work together. Some suggested redefining the roles and responsibilities of health providers, shifting responsibilities to those who are capable of providing the service, and reducing turf protection. Suggestions also were made that health providers need to work more closely with people outside

*"Greater emphasis should be placed on getting the various providers to work together. Minimize 'turf protection'."*  
Questionnaire respondent

*"Allow health care providers meaningful input - they're in the trenches and better understand where improvement is possible."  
Questionnaire respondent*

### **What views were expressed through the questionnaire?**

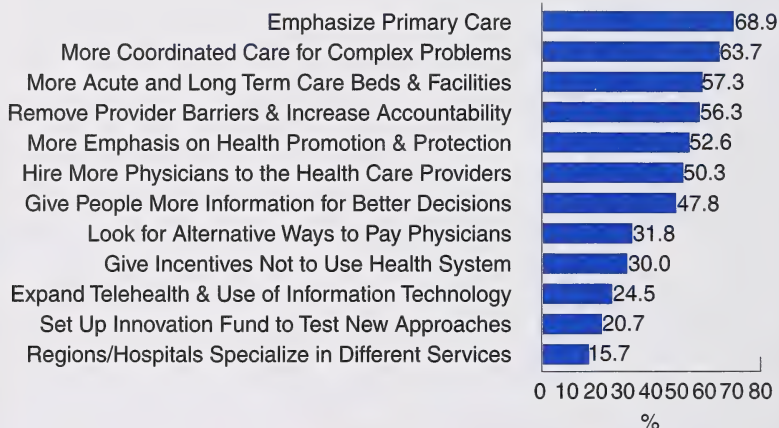
the health system including educators, social workers, police, and community agencies.

- Expanding information systems and the use of evidence to guide decisions - Many recommendations were made to develop information systems to track patient care and trends in health. People called for comprehensive, province-wide and consistent data. They also recommended health information systems that would make health information accessible to those who need it and protected from those who have no right to or no need for it.
- Developing a visible plan - Several groups suggested that the key ingredient for changing the future of Alberta's health system was a visible and realistic plan. They called for a step by step plan laying out a process for health reform, a political commitment to implement the plan, and a long term view to address future trends in health.

Those who responded to the questionnaire also identified changes they would like to see in Alberta's health care system.

## **What Changes are Required?**

% Who "Strongly Agree"



Health Summit '99 Public Opinion Mail Survey

*"We need more beds, nurses and qualified doctors. Our waiting times are too long. ER is often used as a 'medicentre'. General practitioners need to be available for consultation on weekends and evenings." Questionnaire respondent*

The views of questionnaire respondents were similar to those of the Health Summit participants. There was very strong support for more coordinated care and more emphasis on primary health care models. Questionnaire respondents also called for removing barriers and improving accountability, increasing health promotion, expanding telehealth and the use of information technology, considering alternative ways of paying physicians and using an innovation fund to test new approaches. With questionnaire respondents, there was more support for increasing the number of hospital beds and facilities and hiring more health providers.





### **Question 3 - What responsibility do individuals have for their own health?**

*What responsibility do Albertans have to preserve and protect their own health and how can they best be assisted in meeting these responsibilities?*

#### **What is the issue?**

People's health depends on much more than the health system, the number of hospitals, doctors, nurses or other health providers we have in the province. To be healthy, people need clean and safe environments, good housing and nutrition. They need good jobs, a good education, and strong families.

Overall, information shows that people in Alberta are quite healthy. Compared with other provinces, we can expect to live longer. About 66% of people in Alberta rate their own health as very good or excellent compared with 63% in the rest of Canada. Rates of exercise are higher than the Canadian average and the use of tobacco is slightly lower in Alberta. On the other hand, our rates of infant mortality, low birth weight babies, births to teenage mothers and childhood poverty are slightly higher than the Canadian averages. Alberta's rates of deaths from motor vehicle accidents are the highest in the country.

What responsibility do individual Albertans have for addressing these issues and protecting and preserving their own health, how can those responsibilities be shared with community members, and what can be done to help people meet their responsibilities?

#### **What were the views of Health Summit '99 participants?**

Participants at Health Summit '99 agreed that individuals have responsibilities in protecting and preserving their own health and they identified what those key responsibilities are.

At the same time, there was a clear view that responsibility for health lies not only with individuals. It is a shared responsibility - shared among individuals, families, the health system, communities, different levels of government, and other sectors outside the health system.

Many groups supported the following statement:

*The preservation and protection of health is clearly a shared responsibility. It will be through intersectoral cooperation involving individuals working in their communities with various levels of government and other sectors that the health of Albertans will be improved. (Dr. John Millar)*

In terms of specific responsibilities individuals have for protecting and preserving their own health, the most common recommendations included:



- Education - Learn what services are available and how they should be used. Keep informed about potential health risks and strategies for preserving health. Expand knowledge about healthy lifestyles and preventive steps that can be taken.
- Preventive steps - Make good decisions about participating in potentially hazardous activities. Abide by current laws to avoid injury, e.g. wearing seatbelts and helmets, defensive driving, and workplace safety.
- Follow instructions - Follow directions from your physician. Follow through properly on medications, treatments and tests.
- Lifestyle choices - Take responsibility for "owning your own choices" and take control of your own health. Change health risk habits and choose healthy lifestyles.
- Proper use of the health system - Avoid abuse of the health system including unnecessary visits to doctors and using emergency services when other alternatives are appropriate. Learn how to use the system appropriately and use the system in a reasonable way.
- Regular check-ups - Get regular check-ups from your doctor and regular screening for health problems.

*"Awareness and education programs should be part of school and adult learning initiatives. We should encourage the business community to participate in and promote health. We should extend new laws (i.e. new laws protecting health) to include proper equipment for students for sports other than bicycling." Questionnaire respondent*

*"Information must be provided in such a way that the individual understands. Many health problems have their roots in poverty. No one should be forced to neglect a good diet, adequate shelter and adequate knowledge for lack of money." Questionnaire respondent*

In terms of what actions should be taken to assist people in meeting their personal responsibilities for preserving and protecting health, the following were the most common recommendations from Health Summit participants;

- Promote wellness programs and revive high profile programs to promote good health - Many groups suggested the need for higher profile, media campaigns (similar to the *Participation* campaign) to increase public awareness of good lifestyle choices.
- Start early in the education system - There was strong support for expanding children's health programs in schools including increased awareness of health dangers.
- Enact policies and legislation to support health - Many groups called for government and regional health authorities to work together on developing public policies to support health, not only in the health system, but in our society and workplace. Examples included legislating the use of bicycle helmets and other safety measures.
- Provide better access to information - Recommendations were made for a health information system to establish a single point of contact for health information and coordination of services. Some suggested that the internet and health information systems could be used to provide people with better information to guide their own decisions.

In addition, there also were some suggestions that we should consider ways of providing incentives for people to stay healthy. This could include health bonuses, tax incentives, or a market place concept where people can shop for their quota of health services. Some also suggested the need for full disclosure of chemicals in food, better labeling and more regulations on the quality of food, packaging and pollutants.



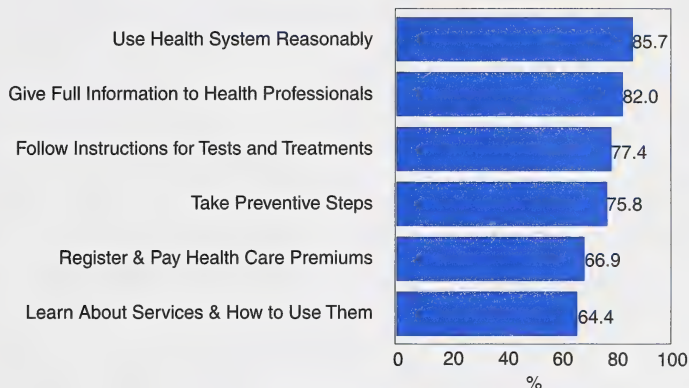
### What views were expressed through the questionnaire?

*"You don't penalize those who need health care. You can't reward those who need it but don't seek it."  
Questionnaire respondent*

Respondents to the Summit questionnaire also rated the key responsibilities individuals have for their own health. At the top of their list was the responsibility to use the health system reasonably. Questionnaire respondents also strongly agreed that individuals are responsible for giving full information to health professionals, following instructions, taking preventive steps, registering and paying health care premiums, and learning about services and how to use them.

### What Responsibility Do Albertans Have?

% Strongly Agree



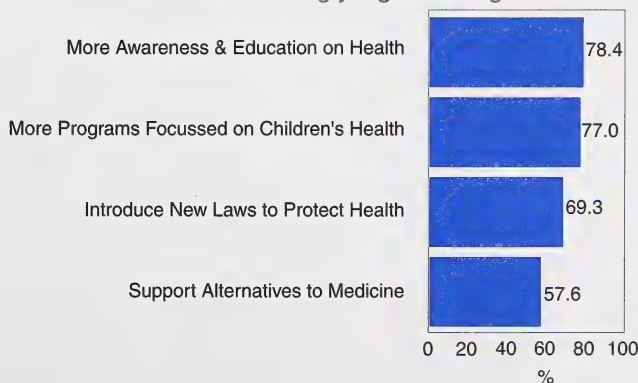
Health Summit '99 Public Opinion Mail Survey

In terms of actions that can be taken to assist individuals with meeting their responsibilities, there was strong support for more awareness and education programs. Respondents also supported more programs focused on children's health, new laws to protect health and support for alternatives to medicine.

*"Let the public know how expensive an emergency visit is. People actually go in for a sore throat or a sore toe!!!" Questionnaire respondent*

### How Can Albertans Be Assisted?

% Who Strongly Agree or Agree



Health Summit '99 Public Opinion Mail Survey

#### **Question 4 - How much money is enough to sustain our publicly funded health system?**

*To maintain a quality publicly funded health system, a balanced provincial budget, and adequate support for other key areas such as education, social services and infrastructure, what is an appropriate and affordable funding level for health in Alberta in future?*

##### **What is the issue?**

Much of the discussion in health has focused on how much money is spent to support the health system and whether or not funding is adequate. The longer term questions relate to growing expectations and costs in the health system and a sincere concern about how the health system can be sustained in the future.

Information shows that spending on health grew by an average of close to 7% a year from 1980 to 1995. In 1993-94, government introduced plans to balance the budget and reduce spending in all areas including health. Between 1992-93 and 1995-96, total provincial spending on health dropped from \$4.1 billion to \$3.6 billion.

Since then, additional funding has been added to the health system. With the recent provincial and federal budget announcements for 1999-2000, spending on health will increase to \$4.85 billion in 1999-2000. The total increase is \$935 million over a three year period.

The key questions to Health Summit participants focused on how much money is enough, how decisions should be made in future about levels of spending on health, and how can we ensure that the system is sustainable over time.

##### **What were the views of Health Summit '99 participants?**

Questions about appropriate funding levels proved to be a difficult challenge. There was no consensus among Summit participants on the appropriate level of funding for Alberta's health system. Many suggested that a clear plan is needed for Alberta's health system. People need to come to a consensus on what an appropriate system is for the province before decisions can be made about how much funding is needed.

Recommendations from the groups addressed the need to make spending decisions at the local level within a fixed amount of funding available. Some said that society needs to be more realistic about the costs of health care and that difficult ethical decisions are needed. Comments were made about the need to educate health professionals about reasonable salary expectations and the need for gatekeepers to understand the cost of medical treatments.

People also talked about informed public consultations, followed by decisions involving government, health care, the public and alternative practitioners. Some supported the need for comprehensive data management systems and the need for a more cost-effective multi-disciplinary approach. Some suggested that the number of



regional health authorities should be reduced. Comments were made about the need for those in the health system to consider the impact of their salary expectations on the overall amount of funding needed to sustain the health system. Some groups talked about taking steps to cut costs by streamlining administration, reducing duplication, preventing unnecessary paperwork, and standardizing operations and procedures.

One group polled its members on the most appropriate level of funding. Of that group, 12 members said funding should be at the current level or slightly more, one said it should be less, five said it should be more, and one said "whatever it takes to fix the system." At the same time, others said that no amount of money would ever be enough and reasonable limits had to be set.

In terms of how funding decisions should be made, again there was a range of suggestions but little consensus on the best approach. The most common approaches recommended by the participants included:

- Setting a maximum percentage of the total provincial budget to be spent on health - Government, stakeholder groups, and consumer groups should set a maximum percentage for spending on health. Some suggested 30% - 35% would be appropriate. One group recommended that an all party committee should make evidence-based decisions on the percentage of government spending that should go to health.
- Involving the public in the budget process - Participants suggested that the public should be involved in the process by becoming better informed about health care costs and helping set priorities. People need to be educated about the determinants of health, ethical principles, and costs of health services in order to manage expectations and promote healthy behaviour.
- Preparing a long term plan - Several groups suggested that we need to take a long term view in both planning and funding. This long term view should consider not only what health services are delivered and how, but also the impact of a number of factors on improving overall health.
- Exploring new models for health care delivery - Consistent with recommendations on other key questions, participants recommended implementation of pilot projects involving collaborative delivery of services including doctors, nurses and other health practitioners. These new approaches should be assessed to see if they improve comprehensive care, and can be done efficiently and at a lower cost.
- Considering the impact on other essential services - Increases in funding for health should take into account the impact of those decisions on other areas such as education, social services and infrastructure.

In addition, groups recommended shifting the focus from "how will the health system be funded?" to "how can a reformed health system be created?" There was support for an innovation fund as recommended in the Laing Committee Report and for providing separate funding for innovative delivery of health care services across

regional health authorities. There were calls for a more open and honest budget planning process and more emphasis on making decisions based on sound information and evidence.

Throughout, there was strong support for maintaining a single payer, publicly funded and publicly administered health system, and a clear message that effective approaches are needed to ensure that our health system can be sustained.

### What views were expressed through the questionnaire?

*"There are sufficient resources in the system to serve all bona fide needs. Don't add more resources.*

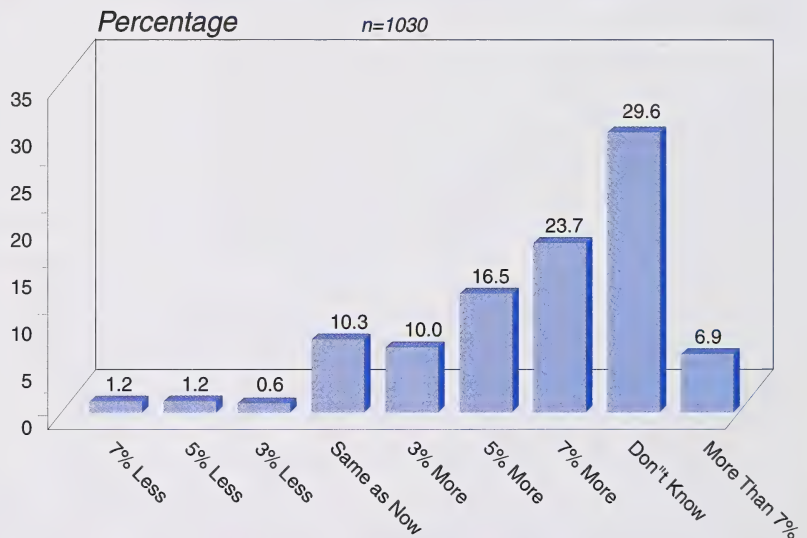
*Maybe better or smarter use of what we have - as well as clever administrators and leaders - can help with this kind of change."*

*Questionnaire respondent*

*"In the province of Alberta, with its booming economy, allocation of funds to maintain a quality funded health system should never become an issue."* Questionnaire respondent

Those who responded to the Summit questionnaire expressed a broad range of views on how much money we should spend on health care. The majority suggested that more funding was needed. The largest support (23.7%) was for funding to be increased by 7% more. At the same time, almost 30% said they did not know what the most appropriate amount should be for health.

## How Much Money Should We Spend on Health Care?



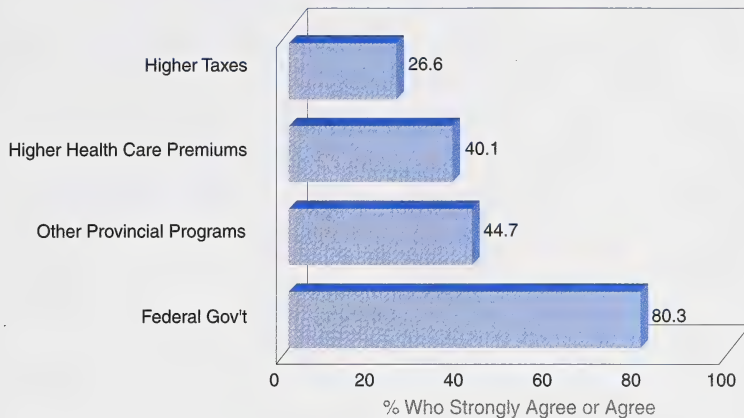
Health Summit '99 Public Opinion Mail Survey

Questionnaire respondents also expressed their views on where the additional money should come from to support the health system. The largest majority (over 80%) called for more money from the federal government. Just under 27% supported increasing taxes to support health while 52.1% disagreed with this option. About 40% of respondents suggested increasing health care premiums while 39.3% disagreed with this option.



## Where Should More Money for Health Care Come From?

"This is not a 'fixed target' system. We have to spend whatever is necessary to meet reasonable objectives, while ensuring best value for dollars." Questionnaire respondent



Health Summit '99 Public Opinion Mail Survey

Many of those who submitted a questionnaire did not indicate whether they agreed or disagreed with the view that more money should come from other sources. However, 680 people (about half of all respondents) supported the use of other funding sources. Other funding sources suggested range from lottery funds and higher taxes on tobacco and alcohol to higher premiums for those with lifestyles that put their health at risk.

## Key themes and overall recommendations

The four questions set for Health Summit '99 proved to be challenging and thought provoking for all of the participants. Those who participated directly in the Summit and those who responded to the questionnaire worked hard, and spent many hours discussing and debating ideas and options, listening and learning, exploring new solutions, and searching for ways to maintain the best of what exists today in Alberta's health system.

Participants quickly learned that there are no easy answers for many of the complex issues in health today, nor are there quick and simple ways to eliminate waiting lists, build teams of health care workers, implement new models of care, improve mental health and expand community and home care - all at an affordable cost.

Not surprisingly, the results of Health Summit '99 reflect that complexity and diversity of views and ideas. The wide array of specific recommendations from small group discussions reflects the very diversity of those who participated in the Summit. A complete summary of the recommendations was distributed at the Summit. The Summary is available on request and on the website.

While the recommendations are diverse, a number of common themes clearly emerged from Health Summit '99. Under the direction of the Summit Chair, common themes were identified and overall recommendations have been developed. These recommendations build on the many excellent ideas and suggestions that emerged through Health Summit '99.

The following outlines the key themes from Health Summit '99 as well as some specific recommendations for follow-up action.

### **1. People know what they want from the health system.**

As outlined earlier in this Report, participants at the Health Summit agreed on a set of values and principles that should guide future decisions about Alberta's health system.

#### **Recommendation 1:**

Government should adopt these values and principles as a guide for future decisions.

### **2. People want a comprehensive, publicly funded, publicly administered health system that is flexible and meets changing health needs.**

People said it is impossible to set priorities among the essential components of Alberta's health system. Even defining "medically necessary" health services is difficult and complex. Instead, people said they want a comprehensive health care system that is publicly funded and publicly administered. It must meet all the basic health care needs and be flexible enough to adapt to changes in health





needs over time. At the same time, the system cannot simply be driven by increasing demands. Some warned against adding more and more services unless the benefits of those services for improving health can be demonstrated.

People also had concerns about covering the rising costs of pharmaceuticals - how do we manage the mounting costs of pharmaceuticals and, at the same time, ensure that everyone has access to the drugs they need?

**Recommendation 2:**

Government should continue to support a comprehensive publicly funded and publicly administered health care system.

**Recommendation 3:**

Government should explore options for managing the growing costs of pharmaceuticals including the feasibility of expanding public coverage for pharmaceuticals.

### **3. It is time for a clear plan for the future of Alberta's health system.**

People think the health system can be made better. They support exploring new approaches and they do not want the system to stay the same or go back to old ways of doing things. But they want to know what the direction is and what the health system is trying to accomplish. The plan should address significant questions like: how can the health system continue to be reformed to meet changing needs over time? What role should the private sector play in delivering health care services? How can new models of health care be implemented and assessed?

Developing a plan should not be considered a quick fix. The process should involve significant participation by people across the province - both those working in the health system and community members.

**Recommendation 4:**

Government should establish a forum for health planning to develop a long term plan for Alberta's health system.

**Recommendation 5:**

The forum should include an ongoing process for significant involvement of people across the province, people in the health system and community members.

**Recommendation 6:**

Once the plan is developed, significant efforts should be made to communicate the plan and ensure that people are well informed about the plan and the direction for Alberta's health system.

#### **4. There are priority areas where changes can and should be made.**

In terms of how health care services are delivered, people identified a number of priority areas where they think changes can and should be made.

##### **Teamwork**

Consistently, people said they wanted to see health providers working together and focused on a single priority - meeting the needs of the patient. They also saw a need to expand the team of people involved in health to include a broad range of community service workers outside the health system including social workers, teachers, police, counsellors, and others. This multi-disciplinary approach puts more of the focus on looking at what causes problems in health in our communities rather than simply treating the problems when they happen.

##### **Recommendation 7:**

Government should establish a task force to review education and training programs for health care providers to develop better links among the programs, build greater awareness and understanding of the roles of other health providers, and develop teamwork skills among health providers.

##### **Recommendation 8:**

Government should explore alternative ways of paying health providers, including physicians.

##### **Recommendation 9:**

Working with health care professionals and providers, steps should be taken to remove barriers between the different groups and encourage more cooperation.

##### **Primary health care and community health centres**

People support new models of care like primary health care and community health centres. With these new approaches, health providers from a variety of disciplines and other community members like teachers, social workers, police and other agencies work together to address the health needs of individuals and the community. Through such approaches, health services are integrated and focused on the patient's needs. Community health centres also bring services closer to community members providing a single point to access a wide range of health-related services from baby clinics and immunization, to nutrition counselling, medical treatment, and even emergency services.

##### **Recommendation 10:**

Government should target innovation funds to expand pilot projects in primary health care models and community health centres across the province.



## **Information and evidence**

People said those in the health system should make better use of information to guide their decisions. Individuals also should have access to information so they can make better decisions about their own health care.

### **Recommendation 11:**

Government should speed up its efforts to implement a province-wide health information network, currently being developed as **alberta we//net**.

### **Recommendation 12:**

One of the purposes of the health information network should be to improve access by individuals to accurate health information.

### **Recommendation 13:**

Government should continue to support research and evaluation of new approaches and use the information and evidence from that research to guide future decisions about what works and what does not.

## **A better balance**

People understand that acute care and emergency services are critical when people are ill or injured. But they do not want acute care to be the only focus of Alberta's health system. People said they want a better balance, with more of a long term focus on the importance of wellness, injury prevention and the factors that affect the health of people, especially more vulnerable groups. People also want to see more mental health services available in communities. Many said it was time to implement higher profile public awareness campaigns designed to promote good health and prevent injuries and illness.

### **Recommendation 14:**

Government should place a higher priority on province-wide strategies designed to promote good health and prevent illness and injury.

### **Recommendation 15:**

Specific strategies should be developed to address health issues for targeted groups including children, Aboriginal people, people with mental health problems, and groups who are more vulnerable to health problems.

## **Planning for long term care**

With an aging population, there are increasing concerns about the future availability of long term care. People said plans should be developed now and that a variety of approaches should be considered, particularly to help people stay in their own homes as long as possible with the support they need.

### **Recommendation 16:**

Government should act quickly to complete the work of the MLA Committee reviewing long term care and address the needs identified.

**Recommendation 17:**

Government should encourage regional health authorities to explore and implement new and more flexible approaches for meeting the needs of elderly people including care centres, day homes and respite care in communities.

***The right people doing the right work***

People know that the roles of different health providers are changing. They also have concerns about growing pressures on nursing staff, potential shortages of nurses, and problems attracting physicians and other health specialists to rural Alberta. Again, they know what they want - the right person, with the right qualifications, in the right place, providing the right kind of service, and at an affordable cost. They are concerned about looking ahead and making sure plans are in place now for the health providers that will be needed in the future.

**Recommendation 18:**

Government should work with health professionals and providers, regional health authorities, and post-secondary institutions to develop sound workforce plans to ensure that there is an adequate supply of health professionals and to anticipate and prepare for future needs in the health system.

***Improving access***

Access to health care services when people need them is a top priority. Recent budget decisions by the provincial government addressed some of these concerns. Nonetheless, concerns with waiting lists are likely to persist. Some people said that simply adding more and more hospital beds is not the answer; different approaches are needed. Others said that people should be better informed about what to expect in terms of reasonable waiting times.

**Recommendation 19:**

Government should move ahead with initiatives in telehealth to improve access to health services for people living in rural and more remote communities.

**Recommendation 20:**

Government should work with regional health authorities and health professionals to set reasonable standards for access.

**Recommendation 21:**

Government, regional health authorities and health professionals should work together to inform people about standards and expectations for access to health services.



### **Accountability**

People find the health system complex and difficult to understand. As a result, they do not have a clear understanding of who is responsible and accountable for what aspects of the system. They support standards, measuring results and reporting those results to people and communities across the province as one way of improving accountability.

#### **Recommendation 22:**

Government should use the best available evidence to set standards and targets for key aspects of the health system. Performance and results should be measured regularly and people should be well informed about the results.

#### **Recommendation 23:**

Government and regional health authorities should place greater emphasis on using information and evidence to monitor, evaluate and improve health services.

#### **Recommendation 24:**

Government should introduce policies that require a clear demonstration of health care benefits before any new treatments, drugs and technology are introduced.

## **5. Health is a shared responsibility.**

People understand that they are responsible for their own health and the health of their families. They know there are steps people can take to improve their own health and make better decisions.

At the same time, responsibility for health does not rest solely on each individual's shoulders. Everyone shares in the responsibility for the health of our communities. This reflects a broader view that health is about much more than health care, and that many of the factors that affect health - education, income, or the quality of our environment - are beyond the scope of the health system.

#### **Recommendation 25:**

Access to health care must be equally available to everyone. People should not be punished as a result of their individual lifestyle choices.

#### **Recommendation 26:**

Government should continuously review its policies on children, on education, social services, environment, justice, and other key areas to assess their impact on the long term health of people in the province and make changes wherever possible to improve health.

## 6. We need to find ways to sustain Alberta's health care system.

There are no easy answers to the question, "how much money is enough?" People are more concerned with deciding what our expectations and needs are for Alberta's health system, then finding ways to manage and sustain the costs. Many suggested a long term plan is needed to guide future decisions on developing Alberta's future health system and on how much money is needed to sustain the system. There is concern with growing expectations and demands in the health care system and the lack of effective ways of controlling or managing those demands. There is concern that salary costs could use up all the additional dollars available, leaving little to make important changes in the system. There is concern that health care spending should not grow to such an extent that it has a negative impact on how much is available for other critical areas including education, social services or infrastructure.

### **Recommendation 27:**

Government should proceed first with developing a long term plan for the future of Alberta's health system, then address funding requirements to ensure the system is sustainable.

### **Recommendation 28:**

Government should ensure that there is sufficient funding available to support and sustain a comprehensive publicly funded health system. Funding for health should not be at the expense of other priority areas including education, social services and infrastructure.

## 7. The public should have effective ways of participating in future decisions.

People want to be better informed and have opportunities to participate in decisions about the health system in the province and in their communities. Many people said they do not know enough about how the health system operates and how much it costs. Suggestions were made that the Health Summit process should not be a one-time effort, but should continue in communities across the province.

### **Recommendation 29:**

Government should consider extending the public participation process on a regular basis to involve more people in discussions about the health system and its future. This could be done through the recommended forum on health planning.

### **Recommendation 30:**

Government should significantly expand its efforts to inform people about the health care system, how it works and how much it costs.

*"I think this summit is a beginning - listening to the wisdom of Albertans - both clients and patients and health care providers."  
Questionnaire respondent*



## **Next steps and a closing comment ...**

Health Summit '99 provided an opportunity to talk about health, to explore four key questions and help set clear directions for the future of Alberta's health system.

Participants in the Summit are to be commended and thanked for their important contributions to the success of the Summit process. From the outset, they were open to new ideas, willing to listen and to challenge opinions, but more importantly, participants were prepared to search for new and more effective solutions.

The Summit's final report now goes to the Minister of Health for the next steps. As Summit organizers and participants, we heartily encourage the provincial government to review our recommendations carefully in making decisions about the future of Alberta's health care system.

### **For further information**

*If you would like further information about Health Summit '99, a copy of the report on responses to the questionnaire, or a copy of the recommendations from the small group discussion at Health Summit 99, please contact:*

### **Alberta Health Communications**

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## Appendix I

### List of Delegates, Observers, Moderators, Facilitators and Secretariat members

#### Health Summit '99 Citizen Delegates

Name	Location	Name	Location
Ms. Inez Ambrose	St. Isidore	Mr. Tobin Lawson	Edmonton
Mr. Tom Anstruther	Edmonton	Mr. Golden Layton	Glenwood
Mr. Lawrence Arnold	Grimshaw	Ms. Carol LeSann	Stony Plain
Mr. Harold Bakker	Whitecourt	Mr. Richard Low	Lethbridge
Mr. Dean Bjorge	Meeting Creek	Ms. Krista Lux	Stony Plain
Ms. Brenda Bowen	Calgary	Ms. Chelsey Martin	Bonnyville
Mr. David Bron	Edmonton	Mr. Frank McEachern	Calgary
Mr. Neil Brougham	Strathmore	Ms. Muriel McGregor	Olds
Mr. Paul Brown	Red Deer	Ms. Penny McLachlan	Medicine Hat
Mr. Bernie Butkiewicz	Exshaw	Mrs. Fern McMillan	Two Hills
Mr. Abe Cameron Caldwell	Fort McLeod	Mr. Bill Mekechuk	Edmonton
Mr. Terry Chicilo	Calgary	Mrs. Helen Mickle	Coaldale
Mrs. Alice Clarke	Athabasca	Mr. Jim Miske	Sherwood Park
Ms. Marissa Cook	Calgary	Mr. Clifford Morley	Edmonton
Mrs. Judy Corcoran	Ft. McMurray	Mrs. Chris Morrison	Lethbridge
Mr. Patrick Curtin	Medicine Hat	Mr. Thomas Niedballa	Calgary
Ms. Lisa Deschenes	Duffield	Mr. Kaj Pedersen	Fairview
Mr. Ryan DeWolf	Red Deer	Mrs. Joni Pitzel	Alder Flats
Mrs. Christine Dowhaniuk	Edmonton	Mr. Bernie Plett	High Level
Mr. Michel Dumont	Drumheller	Mr. Kristopher Prins	Gibbons
Mrs. Veronica Duncan	Innisfail	Mrs. Molly Ramsay	Calgary
Mr. Gordon Dyke	Hanna	Ms. Teresa Rempel	Beaverlodge
Mr. Knut Finstad	Ft. McMurray	Mrs. Monica Robinson	Red Deer
Mrs. Tessa Flannery	Brooks	Mrs. Lou Rudnisky	Calgary
Mr. Kim Edward Gates	Edmonton	Ms. Sheri Ruggles	Lethbridge
Ms. Pat Gert	De Winton	Mr. Pat Ryan	Edmonton
Ms. Belva Goede	Ponoka	Mr. Allan Schmuland	Stony Plain
Mr. James Goodchild	Calgary	Mr. Allan Scott	Hanna
Miss. Arlyn Greig	Ft. McMurray	Ms. Donna Sommer	Edmonton
Mr. William (Bill) Hamm	Vegreville	Mr. Robert South	Calgary
Mr. Michael Haynes	Gwynne	Mrs. Donna Sparks Schell	Slave Lake
Mr. Cyril Healey	Bentley	Mrs. Marg Stewart	Medicine Hat
Mr. Ray Hiebert	Edmonton	Mr. Walter Stewart	Lethbridge
Mr. Milo Hill	Spruce Grove	Mrs. Lenore Stillwell	Strathmore
Mr. Wade Holmes	Fort Assiniboine	Mr. Gary Taylor	Lethbridge
Mr. Ryan Holt	Lethbridge	Mr. Mike Thome	Edmonton
Mr. Merle Horton	Grande Prairie	Ms. E. Doreen Trembath	St. Albert
Ms. Sherry Hughes	Lethbridge	Mr. Philip Wild	Medicine Hat
Ms. Annette Hurd	Calgary	Ms. Sheila Wilt	Onoway
Ms. Audrey Jensen	Camrose	Miss. Ila Wingfield	Lethbridge
Ms. Joan Kasinec	Grande Prairie	Ms. Shannon Young	Calgary
Mrs. Mary Kergan	Raymond	Mrs. Lori Zarembo	Strathmore
Ms. Denise King	Calgary	Ms. Jacqueline Zaro	High Level
Miss Faye Knudson	Claresholm	Ms. Verena Zimmermann	Westerose
Mrs. Carolyn Lawrence	Calgary		

#### Health Summit '99 Stakeholder Delegates

Name	Organization
Mr. Ed Andersen	East Central Regional Health Authority 7
Ms. Wendy Armstrong	Consumers Association of Canada, Alberta Chapter
Dr. Jane Ballantine	Alberta Medical Association
Ms. Elisabeth Ballermann	Health Sciences Association of Alberta
Mr. Simon Beaver	Treaty 8 Health Authority
Ms. Judy Brooker	Alberta Home Care & Support Association
Mr. Douglas Buist	Registered Psychiatric Nurses Association of Alberta
Ms. Christine Burdett	Friends of Medicare
Ms. Jeannette Calliou	Metis Settlement Council
Mr. Gary Campbell	Alberta Cancer Board
Mr. Robert Campbell	Canadian Mental Health Association - Alberta Division
Dr. Joel Christie	Alberta Chambers of Commerce
Dr. Al Cook	Provincial Health Council of Alberta
Ms. Audrey Cormack	Alberta Federation of Labour
Dr. John Cowell	Alberta Chambers of Commerce/Columbia Health Care Inc.

**Name****Organization**

Ms. Lorraine Dechambeau  
 Ms. Carol Demong  
 Ms. Bev Dick  
 Mr. Gerry Donahue  
 Ms. Diana Everatt  
 Ms. Hazel Finney  
 Mr. Tom Fowler  
 Dr. Louis Francescutti  
 Ms. Pat Fredrickson  
 Dr. Grant Gall  
 Mr. Michael Gormley  
 Mrs. Jean Graham  
 Ms. Holly Gusnowsky  
 Mr. Bart Guyon  
 Dr. Allan Halowski  
 Dr. Charles Harley  
 Mr. Kent Harrold  
 Ms. Sheila Harvey  
 \* Mr. Jordan Head/  
   Faye North Peigan  
 Ms. Margaret Heath  
 Ms. Sandra Hirst  
 Dr. Robert Hollinshead  
 Ms. Jean Innes  
 Ms. Sandi Johnson  
 Ms. Wendy Kalkan  
 Dr. Michael King  
 Dr. Jill Konkin  
 Dr. Barbara Lacey  
 Mr. Andy Landers  
 Dr. Rob Lavoie  
 Mr. Alvin Libin  
 Mr. Pat Litwin  
 Ms. Stacy Mackie  
 Ms. Judy Mair  
 Mr. Ron Malin  
 Dr. Leslie McCullough  
 Mr. Wayne McKendrick  
 Ms. Trisha McKnight  
 Rev. Don McLeod  
 Ms. Paddy Meade  
 Mr. Mark Milke  
 Mr. Campbell Miller  
 Mr. Jim Minde  
 Dr. John Morgan  
 Ms. Shannen Morris  
 Mr. Harry Morstead  
 Mr. Terry Mutton  
 Mr. Dwight Nelson  
 Ms. Margaret Nelson  
 Dr. Rowland Nichol  
 Dr. David O'Neil  
 \* Ms. Cherie Parry/  
   Ms. Catherine Ryan  
 Mr. Terry Peterson  
 Mr. Larry Rau  
 Mr. Ken Roworth  
 Mr. Gary Ruecker  
 Mr. Dalton Russell  
 Mr. Darren Sandbeck  
 Dr. Raffeth Sayeed  
 Ms. Betty Schoenhofer  
 Mr. Don Schurman

Metis Nation of Alberta  
 Alberta Chambers of Commerce/Demong Associate Eye Centre  
 United Nurses of Alberta  
 Child & Family Services Authority  
 Alberta Association of Registered Social Workers  
 Alberta Union of Provincial Employees  
 Premier's Council on the Status of Persons with Disabilities  
 Alberta Centre for Injury Control and Research  
 College of Licensed Practical Nurses  
 Faculty of Medicine- University of Calgary  
 Alberta Medical Association  
 David Thompson Regional Health Authority  
 Speech Language and Hearing Association of Alberta  
 Alberta Association of Municipal Districts & Counties  
 College of Chiropractors of Alberta  
 College of Physicians & Surgeons  
 Catholic Health Association of Alberta  
 Alberta Association of Midwives  
 Treaty 7 Tribal Council  
  
 Seniors Advisory Council for Alberta  
 Alberta Association on Gerontology  
 Alberta Medical Association  
 Southwest Community Health Council, Edmonton  
 Community Health Nurses Association  
 Lethbridge Community Health Council  
 College of Alberta Psychologists  
 College of Family Physicians of Canada - Alberta Chapter  
 Alberta Urban Municipalities Association  
 Community Health Council  
 Alberta Association of Optometrists  
 Alberta Heritage Foundation for Medical Research  
 Alberta College & Association of Respiratory Therapists  
 Alberta Dental Hygienists Association  
 Alberta Association of Registered Occupational Therapists  
 Alberta Blue Cross  
 Professional Association of Residents of Alberta  
 Alberta Long Term Care Association  
 Alberta Society of Medical Laboratory Technologists  
 Provincial Health Council of Alberta  
 Alberta Alcohol and Drug Abuse Commission  
 Canadian Taxpayers Federation  
 Alberta Chambers of Commerce  
 Treaty 6 Confederacy  
 Calgary Regional Health Authority  
 Alberta Association of Student Councils and Advisors  
 Citizens for Choice in Health Care  
 Canadian Union of Public Employees  
 Headwaters Health Authority  
 Canadian Health Care Guild  
 Alberta Medical Association  
 Alberta Medical Association  
 Kerby Centre for Seniors/Society for the Retired & Semi-Retired  
  
 Regional Health Authority #5  
 Workers' Compensation Board  
 Alberta Chambers of Commerce  
 Keeweenaw Lakes Regional Health Authority  
 Northern Lights Regional Health Services  
 Alberta Ambulance Operators Association  
 Canadian Association of Community Living  
 Provincial Mental Health Advisory Board  
 Provincial Mental Health Advisory Board

\* Indicates shared, replacement or alternate status. Only one person had observer status at any point in time.





**Name**

Mr. Harvey Shevalier  
Mr. Stephen Silver  
Mr. John Simpson  
Dr. Don Smith  
Professor Donna Lynn Smith  
Ms. Heather Smith  
Ms. Sheila Sommer  
Ms. Linda Spencer  
Dr. Wayne Steinke  
Mrs. Gail Surkan  
Ms. Judith Sydenham  
Ms. Toni Tallman  
Professor Debra Tamlyn  
Dr. Gordon Thompson  
Dr. Lorne Tyrrell  
Ms. Marg Usherwood  
Dr. Guido Van Rosendall  
Ms. Marilyn Wacko  
Ms. Patricia Wall  
Ms. Wanda Wang  
Ms. Kay Watson Jarvis  
Ms. Lorraine Way  
Mr. Neil Wilkinson  
Mr. Brad Willsey  
Ms. Pauline Worsfold

**Organization**

Royal Canadian Legion Command Service  
College of Physical Therapists of Alberta  
Mistahia Health Region  
Alberta Opticians Association  
Faculty of Nursing - University of Alberta  
United Nurses of Alberta  
Alberta Public Health Association  
Alberta Partnership for Health  
Alberta Association of Naturopathic Practitioners  
Provincial Health Council of Alberta  
Crossroads Regional Health Authority  
Region 4 Aboriginal Health Council  
Faculty of Nursing - University of Calgary  
Alberta Dental Association  
Faculty of Medicine - University of Alberta  
Alberta Chambers of Commerce/ Vital Options  
Community Health Sciences - University of Calgary  
Alberta Association of Registered Nurses  
School of Health Sciences-Nursing, University of Lethbridge  
Council of Alberta University Students  
Alberta Registered Dieticians Association  
Alberta Association of Registered Nurses  
Capital Health Authority  
Alberta Pharmaceutical Association  
United Nurses of Alberta

**Health Summit '99  
Moderators and  
Facilitators**

**Moderators**

**Name**

Ms. Sharon Benko  
Mr. Timothy J. Christian, Q.C.  
Dr. David Thomas  
Ms Karen Sorensen  
Ms Jeannie Culligan  
Ms Louise Good  
Rev. Tim Richholt  
Dr. Sheila Martin, Q.C.  
Dr. Peter McCormick  
Ms Marilyn Wangler

**Location**

Innisfail  
Edmonton  
Calgary  
Banff  
Duchess  
Grande Prairie  
Rocky Mtn. House  
Calgary  
Lethbridge  
St. Albert

**Facilitators**

**Name**

Mr. Doug Balsden  
Ms Duna Bailey  
Ms Debbie Berg  
Ms Anne Davidson  
Mr. Chuck Clarke  
Mr. Andrew Curran  
Mr. David Laing  
Mr. Steve Gosse  
Mr. Rob Hagg  
Ms Noni Heine  
Mr. Vic Moisin  
Mr. Dru Mohler  
Mr. Angelo Murphy  
Ms Angela Prokopetz  
Mr. John Pryde  
Mr. Gene Roach  
Ms. Marci Scharle  
Mr. Michael Scheidl  
Mr. Larry Stewart  
Mr. Fred Tyrrell  
Mr. Dwayne Van Bavel  
Mr. Scott Vaughan  
Mr. Terry Vaughan

**Location**

Cochrane  
Calgary  
Lethbridge  
Stony Plain  
Stony Plain  
Stony Plain  
Red Deer  
Stony Plain  
Stony Plain  
Edmonton  
Red Deer  
Cochrane  
High Prairie  
Medicine Hat  
Lethbridge  
Stony Plain  
Stony Plain  
St. Paul  
Peace River  
Stony Plain  
Cochrane  
Wainwright  
Red Deer

**Technology Team**

**Name**

Mr. Kevin Molcak  
Mr. Dale Drummond

**Location**

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St. Paul

**Secretariat**

**Name**

Marianne Bohoslawec  
Linda Guyon  
Dianne Johnson  
Harley Johnson  
Susan McManus  
Evelyn Swanson

**Title**

Administration  
Administration  
Lead Facilitator  
Chair  
Communications  
Director



## Health Summit '99 Observers

Name	Organization
Mrs. Pearl Babiuk	Lakeland Regional Health Authority
* Ms. Pam Barrett/ John Kolkman	MLA, Edmonton-Highlands; New Democrat Opposition/ Research Director
Mr. Aslam Bhatti	Alberta Health
Mr. Dave Broda	MLA, Redwater; Chair, Long Term Care Advisory Committee
Mr. George Bueckert	Northwestern Regional Health Authority
Mrs. Jocelyn Burgener	MLA, Calgary-Currie; Chair, Alberta Alcohol & Drug Abuse Commission
Mr. Bob Cable	Aspen Regional Health Authority #11
Mr. Terry Chugg	Alberta Health
Mr. Bill Coghill	Alberta Prehospital Professions Association
Mr. Gary Dickson	MLA, Calgary-Buffalo; Liberal Opposition
Dr. Ron Dyck	Alberta Health
Mr. Donald Ford	Deputy Minister, Alberta Health
Ms. Heather Forsyth	MLA, Calgary - Fish Creek; Chair, Standing Policy Committee Health Planning
Dr. Larry Gillespie	Palliser Health Authority
Ms. Ellen Hambrook	Interdepartmental Initiatives Children's Secretariat
Hon. Dave Hancock	MLA, Edmonton-Whitemud; Minister, Intergovernmental and Aboriginal Affairs
Dr. Lynn Hewitt	Alberta Health
Mr. Ron Hierath	MLA, Cardston - Taber - Warner; Chair, Health Facilities Review Committee
Ms. Karen Kryczka	MLA, Calgary - West; Chair, Seniors Advisory Council
Ms. Bonnie Laing	MLA, Calgary - Bow; Chair, Health System Funding Review Committee
Ms. Karen Leibovici	MLA, Edmonton-Meadowlark; Liberal Opposition
Professor M. Litman	Health Law Institute
Mr. Rob Lougheed	MLA, Clover Bar-Fort Saskatchewan; Chair, Premier's Council on the Saskatchewan Status of Persons with Disabilities
Ms. Nancy MacBeth	MLA - Edmonton-McClung; Liberal Opposition - Leader
Ms. Doreen Morton	Alberta Council on Aging
Mr. Garth Norris	Alberta Health
Dr. Don Philippon	Health Sciences, University of Alberta
Mr. Doug Schindeler	Chinook Regional Health Authority
Mr. Nick Shandro	Office of the Alberta Auditor General
Mr. Eric Wahl	Peace Regional Health Authority
Ms. Maggie Wylie	Health Canada
* Dr. Victor Wong/ Mr. Marc Raedschelders	The Acupuncture Society of Alberta

\* Indicates shared, replacement or alternate status. Only one person had observer status at any point in time.



## Appendix 2

### Selected Tables from Public Questionnaire Results\*

TABLE 1.

#### WHAT'S ESSENTIAL?

RATINGS OF HOW ESSENTIAL EACH OF THE LISTED COMPONENTS ARE FOR THE FUTURE OF ALBERTA'S PUBLICLY FUNDED HEALTH SYSTEM

Health Care Component	Very Essential	Somewhat Essential		Not At All Essential	
	1	2	3	4	5
<b>Acute care</b> (n=1292)	86.5	10.6	2.6	0.3	0.1
<b>Administration &amp; Support</b> (n=1255)	16.4	27.1	39.4	13.7	3.3
<b>Ambulance service</b> (n=1286)	67.1	21.9	8.9	2.0	0.1
<b>Buildings for future health system</b> (n=1265)	23.6	34.3	30.1	10.0	1.9
<b>Community care &amp; Continuing care</b> (n=1284)	56.7	26.8	13.2	2.1	1.2
<b>Health care clinics</b> (n=1276)	36.6	31.3	20.6	7.2	4.3
<b>Health &amp; medical education</b> (n=1285)	42.7	30.0	20.0	5.5	1.8
<b>Health &amp; medical research</b> (n=1284)	40.7	33.1	20.5	4.3	1.4
<b>Medical equipment &amp; information technology</b> (n=1273)	45.1	36.0	15.6	3.0	0.4
<b>Mental health</b> (n=1284)	50.1	30.5	15.8	3.2	0.5
<b>Public health - Prevention / Promotion</b> (n=1288)	47.7	26.2	17.8	5.8	2.4
<b>Services from Doctors</b> (n=1284)	63.0	25.7	9.4	1.4	0.5
<b>Technical supports</b> (n=1248)	34.0	40.0	21.4	3.8	0.8
<b>Other</b> (n=346)	84.7	8.1	4.9	0.3	2.0

\*Source: *Public Input to Health Summit '99: Results of the Public Input Questionnaire*, Population Research Laboratory, University of Alberta.

The full report prepared by the Population Research Laboratory is available on request or can be viewed on the Web Site.



**TABLE 2.**  
**WHAT ACTIONS CAN BE TAKEN TO ENSURE THE ESSENTIALS ARE MAINTAINED AND AFFORDABLE?**

Actions	Strongly Agree	Neutral		Strongly Disagree	
	1	2	3	4	5
<i>Make sure there's enough money to support essential components. (n=1312)</i>	84.7	10.3	4.5	0.3	0.2
<i>Provide more support for alternative medicine. (n=1319)</i>	30.7	21.0	24.6	9.5	14.3
<i>Putting more emphasis on health promotion and preventing illness and injury. (n=1318)</i>	50.2	27.9	14.9	4.2	2.7
<i>Supporting only the most important priorities and eliminating others. (n=1273)</i>	12.5	21.4	23.1	17.6	25.5
<i>Ensuring that people and health providers make the best use of the resources available in the health system. (n=1305)</i>	67.7	22.5	7.6	1.2	0.9
<i>Keeping track of how much each Albertan's health services cost and giving them that information. (n=1297)</i>	36.2	22.8	22.5	8.9	9.6
<i>Putting limits on new treatments and drugs publicly funded in Alberta. (n=1263)</i>	11.1	20.2	20.9	18.4	29.5

**TABLE 3.**  
**WHAT CHANGES ARE REQUIRED TO THE WAY HEALTH SERVICES**  
**ARE DELIVERED BY HEALTH PROVIDERS AND MANAGED BY THE**  
**HEALTH SYSTEM, AND HOW CAN THESE CHANGES BE BEST**  
**IMPLEMENTED?**

<b>Changes Required</b>	<b>Strongly Agree</b>		<b>Neutral</b>		<b>Strongly Disagree</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Emphasizing primary care, where different kinds of health providers work together to address health needs. (n=1304)</i>	68.9	19.9	8.4	1.5	1.2
<i>Encouraging different regions or hospitals to specialize in different services. (n=1296)</i>	15.7	23.8	30.2	14.4	16.0
<i>More emphasis on wellness, promoting good health, protecting people from injuries and illness. (n=1313)</i>	52.6	23.9	14.2	5.7	3.6
<i>Giving people more information so they can make better decisions. (n=1302)</i>	47.8	30.0	16.0	4.4	1.8
<i>Providing more coordinated care for people with complex health problems. (n=1300)</i>	63.7	26.8	8.7	0.4	0.4
<i>Hiring more physicians, and other health care providers to meet people's needs. (n=1298)</i>	50.3	25.5	16.5	3.9	3.8
<i>Removing barriers between health providers and making them more accountable. (n=1274)</i>	56.3	22.8	15.1	3.8	2.0
<i>Looking for alternative ways of paying physicians. (n=1298)</i>	31.8	22.0	26.9	6.9	12.5
<i>Setting up an innovation fund for testing new approaches to care. (n=1283)</i>	20.7	31.6	31.0	7.6	9.0
<i>Expanding telehealth and use of health information technology. (n=1286)</i>	24.5	31.2	31.4	8.1	4.8
<i>Hiring more health providers. (n=1248)</i>	42.2	27.0	21.6	5.2	3.9
<i>Opening more acute hospital beds, long term care beds and other facilities. (n=1280)</i>	57.3	23.0	11.6	5.5	2.7
<i>Providing incentives to Albertans not to use the health system. (n=1248)</i>	30.0	17.5	21.0	9.5	22.0





**TABLE 4.**  
**WHAT RESPONSIBILITY DO ALBERTANS HAVE TO PRESERVE AND**  
**PROTECT THEIR OWN HEALTH, AND HOW BEST CAN THEY BE**  
**ASSISTED IN MEETING THESE RESPONSIBILITIES?**  
 DO YOU THINK ALBERTANS HAVE A RESPONSIBILITY TO...

	Strongly Agree		Neutral		Strongly Disagree
	1	2	3	4	5
<i>Use the health system in a reasonable manner. (n=1307)</i>	85.7	11.7	1.9	0.3	0.4
<i>Provide full information to health professionals so they can provide the best diagnostics and treatment. (n=1298)</i>	82.0	14.2	3.0	0.5	0.2
<i>Learn what services are available and how they should be used. (n=1305)</i>	64.4	25.0	8.8	1.4	0.4
<i>Take preventive steps. (n=1307)</i>	75.8	18.4	5.0	0.5	0.3
<i>Follow instructions for diagnostic tests and treatments. (n=1303)</i>	77.4	18.0	3.9	0.4	0.4
<i>Register with Alberta Health Care Insurance Plan and pay premiums. (n=1290)</i>	66.9	12.7	10.4	1.9	8.1

**TABLE 5.**  
**HOW CAN ALBERTANS BE ASSISTED IN MEETING THESE**  
**RESPONSIBILITIES?**

	Strongly Agree		Neutral		Strongly Disagree
	1	2	3	4	5
<i>Introduce more awareness and education programs about improving health (n=1298)</i>	49.7	28.7	15.4	3.5	2.7
<i>Introduce new laws to protect health (n=1290)</i>	46.9	22.4	16.3	6.2	8.2
<i>More programs focused on children's health. (n=1298)</i>	47.1	29.9	18.5	2.2	2.3
<i>Support alternatives to medicine (n=1293)</i>	35.4	22.2	23.3	7.0	12.1



**TABLE 6.**  
**IF WE SPEND MORE MONEY ON HEALTH CARE IN ALBERTA,**  
**WHERE SHOULD THIS MONEY COME FROM?**

Funding Sources	Strongly Agree	Neutral		Strongly Disagree	
	1	2	3	4	5
<i>Higher taxes (n=1133)</i>	12.4	14.2	21.3	12.6	39.5
<i>Lower spending on other provincial programs (n=1124)</i>	21.8	22.9	27.0	11.0	17.3
<i>Higher premiums for Alberta Health Care Insurance (n=1152)</i>	16.8	23.3	20.7	10.5	28.8
<i>More money from the federal government (n=1201)</i>	54.6	25.7	12.5	2.8	4.3
<i>More money from other sources (n=880)</i>	62.5	14.8	15.2	1.6	5.9



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